

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/744877

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
7	2		/			
8			1			
9			1			
10			1			
11			1			
12			1			
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50						
TOTAL IND.	1		1		2	
TOTAL DEP.	7		5	15	11	
TOTAL CLAIMS	8		7		13	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								